

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014554

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 325 Primary Registration District No. 6098 Registrar's No. 106

FILED MAR 21 1963

VS 300  
Rev. 4/59

10980

20980

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>SCHUYLER</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>SCHUYLER</b>                             |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>NORTH LIBERTY</b>   |   | Length of stay in 1b   | c. CITY OR TOWN <b>LANCASTER,</b>                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>HOME</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>R.F.D.1</b> |
| 3. NAME OF DECEASED<br>(Type or print) First <b>RALPH</b> Middle <b>EDWIN</b> Last <b>MARTIN</b>  |   | 4. DATE OF DEATH Month <b>MARCH</b> Day <b>14</b> Year <b>1963</b>   |   |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <b>DEC. 8, 1903</b>                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>FARMER</b>   | 9. AGE (last birthday) <b>59</b>                                |
| 13a. FATHER'S NAME<br><b>IRA MARTIN</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>MARGUERITE MARTIN</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO. <b>93</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized carcinoma</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Primary carcinoma of prostate</b><br>DUE TO (c) <b>2 years</b> |   | 17. INFORMANT Address<br><b>Marguerite Martin, Lancaster, Mo.</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY Hour <b>4:15</b> a.m. p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from <b>3-17-61</b> to <b>3-14-63</b> and last saw <sup>her</sup> him alive on <b>3-14-63</b><br>Death occurred at <b>4:15</b> <b>A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>H. R. Stokes, D.O.</b>   |   | 22b. ADDRESS<br><b>Lancaster, Mo.</b>  |   |
| 22c. DATE SIGNED<br><b>3-16-63</b>  |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>3/17/1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>ARNI MEMORIAL CEMETERY LANCASTER, MISSOURI</b>  |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>NORMAN FUNERAL HOME, LANCASTER, MO.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-16-1963</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Flarence Shepherd</b>   |   |  |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 22 1963

Permit obtained 3-16-63

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David E. Foster

Licensed Embalmer No. 4742

P. O. Address Subville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.